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**Letter dated 30 April 2014 from the Permanent Representative of
Thailand to the United Nations addressed to the President of the
Economic and Social Council**

I have the honour to refer to note No. 56101/583 dated 1 August B.E. 2556 (2013) informing you of Thailand's readiness to participate in the national voluntary presentations during the annual ministerial review of the high-level segment of the 2014 substantive session of the Economic and Social Council, to be held at United Nations Headquarters in New York from 7 to 11 July 2014. I also have the honour to transmit herewith the national report of Thailand (see annex).

In this connection, I would be grateful if you could circulate the present letter and its annex as a document of the Economic and Social Council under agenda item 5 (c) of the provisional agenda of the 2014 substantive session.

(Signed) **Norachit Sinhaseni**
Ambassador
Permanent Representative

* E/2014/1/Rev.1, annex II.



Annex to the letter dated 30 April 2014 from the Permanent Representative of Thailand to the United Nations addressed to the President of the Economic and Social Council

Report of Thailand

I. Introduction

1. The Millennium Development Goals are the targets set by the United Nations in 2000 to improve the quality of life of people by addressing hunger, poverty and inequality, illiteracy, sickness and environmental degradation through international cooperation. Thailand has achieved several important Millennium Development Goals targets prior to the 2015 time frame, including goals on the eradication of poverty and hunger, as well as those on education, gender equality and health. These early achievements have allowed Thailand to pursue the more ambitious and challenging Millennium Development Goals Plus, with prospects for achievement in several areas.

2. Thailand's approach to development and the Millennium Development Goals is strongly guided by the sufficiency economy philosophy, first introduced by His Majesty King Bhumibol Adulyadej in 1975, enabling Thais to rely on themselves and conduct their lives and pursue their destiny with dignity. The philosophy relies on wisdom and integrity, which embraces the principles of moderation, reasonableness and resilience as a guide for Thailand's people-centred development.

3. Placing people at the heart of development, Thailand has significantly invested in her people through human capital development initiatives, such as the Life Cycle Development Strategy, and health-care initiatives, such as the Universal Health Care Scheme. Universal health coverage, which Thailand achieved as early as 2002, ensures equitable entitlement to health care for all Thais and has been integral to Thailand's advances in attaining the Millennium Development Goals on health.

4. As a development partner, Thailand recognizes the importance of fostering partnerships for development and has been an active regional player in assisting other countries to attain their Millennium Development Goals. Today, Thailand's development cooperation has extended beyond its neighbours (Cambodia, Myanmar, Laos and Viet Nam) to other countries in other regions, such as Africa, Latin America, the Middle East and Central Asia.

5. To officially report its progress on the Millennium Development Goals, Thailand published two national reports on the matter, in 2004 and 2009. It is currently in the process of publishing the final report for 2015. The two previous reports, which assessed Thailand's progress in achieving the goals, identified obstacles to reaching the targets and defined the challenges thereafter, not only are beneficial to the country's own future development plans but may also provide lessons learned for countries seeking to fulfil their Millennium Development Goals.

6. The present national voluntary presentation report of Thailand is an extract of the most recent report of Thailand on the Millennium Development Goals and contains five main parts: (a) progress in achieving the Millennium Development Goals; (b) challenges to achieving the Millennium Development Goals; (c) keys to

success; (d) development gaps; and (e) focus areas of the post-2015 development agenda.

II. Progress in achieving the Millennium Development Goals

Goal 1.A: Eradicate poverty and hunger

7. Thailand successfully achieved the Millennium Development Goals target to halve the poverty rate. It is presently committed to achieving the more ambitious MDGs Plus target to reduce the country's overall poverty rate below 4 per cent. Poverty reduction in Thailand has been continuously improving. In 2009 there were 12.3 million persons, or 17.9 per cent of the total population, living in poverty, as measured by the national poverty line. In 2012 the number was reduced to 8.4 million, or 12.6 per cent of the total population. Country demographics reveal that the working-age population (15 to 59 years of age) accounted for the largest share, with 4.6 million persons in poverty. Children (0 to 14 years of age) and elderly persons (60 years of age and above) accounted for 2.1 million and 1.7 million, respectively. A breakdown of data on economic activities in 2012 shows that as many as 2.3 million of the 4.6 million persons living in poverty worked in the agricultural sector, or 69.6 per cent. This figure is consistent with the fact that two thirds of the poor live in rural areas and are concentrated in the north and north-east regions. The north-east region alone is home to 3.7 million poor persons, accounting for 19.8 per cent of its population and 44.5 per cent of the poor in the country.

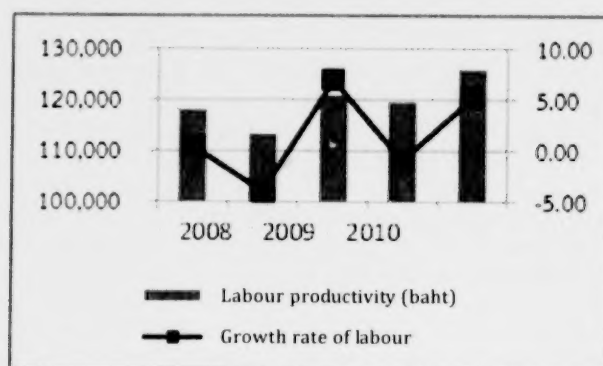
8. In order to ensure that no one is left behind in the campaign against poverty, the Thai Government has put in place poverty-reduction programmes to address the issue, which can be classified in the following categories: (a) programmes to support the cost of living, such as the Blue Flag Programme (Thong Fah),¹ the programme to support compulsory education and the Energy Credit Card; (b) programmes to promote employment, raise income and create income stability through the B300 minimum wage policy, the B15,000 salary for holders of the bachelor's degree, price raises for agricultural produce and community vocational-training centres; (c) programmes to promote funding accessibility in order to create jobs through the Village/Urban Community Funds, Thai Women Empowerment Funds and the Business Fund; and (d) programmes to improve welfare through increases in allowances for the elderly and persons with disabilities, and expansion of social security coverage to include the informal sector.

9. Challenges to poverty reduction involve predominantly structural issues, including the vulnerable group of 7.2 million near-poor persons, and access to education. There is also a challenge in improving access to vocational training by unskilled labourers. This group alone accounts for 7.6 million persons, or 90.5 per cent of the poor, half of which are older than 40 years of age and in need of skill improvement.

¹ This programme is an initiative by the Thai Government to help lower the cost of living of Thai people countrywide by endorsing participating outlets that sell consumer goods, including ready-to-eat food, at low and fair prices.

Goal 1.B: Full and productive employment and decent work for all

10. This target is potentially achievable, as the unemployment rate in Thailand stood at a low 0.66 per cent in 2012. Labour productivity has also improved to B125,784 per person, or a 5.2 per cent increase from 2011. Further efforts are, however, necessary to ensure that 24.8 million persons, or 62.7 per cent of the labour force in the informal sector, receive protection through social security coverage, hence reaching the Millennium Development Goals target.



11. Programmes employed to achieve the target include the B1 million increase to each of the Village/Urban Community Funds, establishment of the Thai Women Empowerment Funds, with a B100 million budget for each province, the Business Fund Programme, Small-, Medium- and Large-Business Funds, the expansion of social security coverage to include the informal sector, the B300 minimum wage and the B15,000 salary for holders of the bachelor's degree.

Goal 1.C: Halve the proportion of people who suffer from hunger

12. Thailand achieved this target but has to further address nutritional concerns. For example, the proportion of underweight children from zero to 72 months of age increased from 3.5 per cent in 2009 to 10.42 per cent in 2011. The north-east was the region with the highest proportion of underweight children (11.76 per cent). Meanwhile, the proportion of overweight children from zero to 72 months of age also rose from 2.9 per cent in 2009 to 9.7 per cent in 2011. A similar trend was found in the proportion of overweight children from 6 to 18 years of age (from 6.93 per cent in 2010 to 9.03 per cent in 2011).

Goal 2: Universal primary education

13. Thailand has yet to achieve universal primary education, although the country's gross enrolment rate has exceeded 100 per cent since 2009. The net enrolment rate, however, continued to be lower than the targeted 100 per cent. In 2012 the net enrolment rate was 87.64 per cent. The combination of over-100 per cent gross enrolment rate with the lower-than-100 per cent net enrolment rate indicates that some students started school late. The report of the United Nations Children's Fund entitled *All Children in School by 2015: Global Initiative on Out-of-School Children* suggests that these overaged students usually come from families with uneducated parents who live in remote areas and have low incomes. The report also indicates

that the overaged students are also more likely to leave school. Accordingly, Thailand has been continuously improving the quality and standards of primary education in terms of teachers, curriculum and materials. There are also programmes to reduce educational inequality as well as to promote students' ethics and morality. However, the programmes to reduce overaged students and to retain them should be immediately and continuously implemented such that the universal primary education target is reached by 2015.

Goal 3: Promote gender equality and empower women

14. Thailand already achieved the target of eliminating gender disparities in primary and secondary education by 2005 and in all levels of education by 2015. Across the country, Thai girls and boys are given equal access to education. In terms of empowering women, in 2011 Thailand had its first female Prime Minister who, in 2013, also became the first female Minister of Defence, signifying a remarkable step forward in Thailand's political landscape. Building on such milestones, Thailand continues to strive towards increasing the overall opportunities for women to reach executive or decision-making levels and reaching the target to double the proportion of women in Parliament, subdistrict administrative organizations and executive positions in the civil service. Enhancing women's role is also targeted at the central Government and the provincial government levels, and in the private sector. In 2012 women accounted for 6.43 per cent of all decision-making positions in local administration. The rate was 39 per cent in the private sector and although that figure represents a decrease from 2011, Thailand continued to rank third of 34 countries surveyed by the Grant Thornton organization. Thailand has also seen an increased share of women entering the labour force (52.14 per cent in 2012). This was a result of both successful interventions by women-empowerment organizations and mechanisms at all levels, including Government programmes in support of the elderly and women. The Thai Women Empowerment Fund allocates B7,700 million, or an average of B100 million per province. The programme is very beneficial for improving the economic conditions of women and could achieve greater results with further improvement in its management and accessibility by all women.

Goal 4: Reduce the under-five mortality rate

15. The reduction of the under-five mortality rate has been achieved and there is continuous progression in the reduction rate owing to larger coverage of health services. This achievement is largely attributed to Thailand's successful Universal Health Care Scheme, which has raised child vaccination coverage to 99 per cent. Also, the Sai Yai Rak Project, which promotes quality antenatal, delivery room and post-delivery care and skills training for care personnel, and enables mothers and children to have wide access to both health-care and vaccination services. The infant mortality rate also decreased in line with wider health-care coverage starting with the family planning process. This helps reduce genetic diseases and improve children's health and live births. In Mae Hong Son, where 80 per cent of the population are tribal people from the highlands, the under-five mortality rate fell from 13.4 per cent in 2008 to 12.2 per cent in 2012, while the infant mortality rate rose from 9.5 per cent to 10.4 per cent. The two mortality rates remained high and did not significantly change in the three southernmost provinces, as accessibility to health services remains a challenge in that area. In 2012 the under-five mortality rate and the infant mortality rate were highest in Narathiwat, with rates of 16.8 per

thousand live births and 14.0 per thousand live births, respectively. In the southern provinces, when at-home delivery was practiced, the ratios were among the highest. Infants that did not survive when born at home were not recorded in the registration system. Half of the deaths involved infants of less than seven days of age.

Goal 5: Improve maternal health

16. The maternal mortality rate declined from 38.5 per thousand live births in 2008 to 31.8 per thousand live births in 2010, reflecting medical progress and accessibility by mothers to health services. This was mainly a result of the expansion of coverage in the Universal Health Care Scheme, which now includes outpatient, inpatient, emergency, dental, kidney replacement, HIV medicines and chronic disease treatment services. However, high maternal mortality rates in the highlands require policy attention, particularly the issues of pregnancy in women below 20 years of age and post-delivery bleeding. While the mountainous geography has already limited the access to health-care services, the traditional beliefs and cultures in the area further impede measures to reduce the maternal mortality rate. As to birth control, Thailand has a contraceptive usage rate of 80 per cent, which is equivalent to that in developed countries. Despite this fact, underage pregnancy has been increasing. Teenage pregnancy has increased from 31 per thousand women from 15 to 19 years of age in 2000 to 53 per thousand in 2012. In addition, the rate of marriage before the age of 18 rose from 19.7 per cent in 2005 to 22.1 per cent in 2012, owing mainly to underage pregnancy. Moreover, pregnancy at premature ages can cause unsuccessful births or disabilities. Programmes to reduce underage pregnancy include the One Stop Crisis Centre, providing consulting services to underage pregnant women, and the establishment of teenage clinics throughout the country by the Ministry of Public Health to promote sex education, general health care and birth control.

Goal 6: Combat HIV/AIDS, malaria and other diseases

17. Thailand is likely to achieve this target. The spread of HIV/AIDS has decreased from the rates of 0.50 per cent and 0.58 per cent in male and female youth, respectively, in 2008 to 0.4 per cent in 2012. The rate among pregnant women also fell from 0.72 per cent in 2008 to 0.51 per cent in 2012. With HIV/AIDS treatment covered by the Universal Health Care Scheme since 2005, the number of HIV-infected persons receiving antiretroviral drugs has doubled from 100,000 prior to 2005 to 200,000 currently. For malaria, the incidence rate stood at 0.17 per thousand individuals in 2012. However, the rate is increasing in the rubber plantation areas. Similarly, tuberculosis infection has increased rapidly since 2000. The incidence of tuberculosis was 46.9 per 100,000 individuals in 2012, with a treatment success rate of 85.22 per cent in 2011. For coronary artery disease, the incidence rate rose from 140.9 to 334.8 per 100,000 individuals from 2002 to 2011, more than doubling in 10 years. Despite better accessibility to services, the death rate also rose from 14.4 to 22.5 per 100,000 individuals, a 15.6 per cent increase.

Goal 7: Environmental sustainability

18. Thailand has not yet achieved the Millennium Development Goal involving environmental sustainability. Among Thailand's national environmental priorities is addressing water resource challenges such as water shortages, water quality and floods. The Population and Housing Census 2000, conducted by the National

Statistical Office, showed that 98.2 per cent of urban households and 99.0 per cent of rural households had access to improved water sources. This means that there is still a certain group within the population that lacks improved water sources. The problem is more prominent in rural areas. In addition, the quality of improved water sources was found to be below standard.

19. In order to address these issues, related agencies have introduced measures, including the drinking pipe water project, the public sanitation improvement project, the groundwater improvement project, the forest and wildlife conservation project, the coastal resources rehabilitation project, the agroforestry project and the *ban munkong* project by the Community Organizations Development Institute, which helps improve living conditions in slums.

20. In terms of conserving the country's rich biodiversity, Thailand has formulated National Biodiversity Strategies and Action Plans, in accordance with obligations under the Convention on Biological Diversity, since 1994. There were three consecutive strategies and action plans (1998-2002; 2003-2007; 2008-2012), which were entitled "National policies, measures and plans on the conservation and sustainable utilization of biodiversity". The third was formulated on the basis of the 2010 biodiversity target adopted at the World Summit on Sustainable Development in 2002.

21. Moreover, by 2015, countries in the greater Mekong subregion will have established priority biodiversity conservation landscapes and corridors for maintaining the quality of ecosystems, ensuring sustainable use of shared natural resources and improving the livelihoods of people in the region. The Biodiversity Conservation Corridor Initiative will be achieved over 10 years, from 2005 to 2015.

	2005	2008	2013	Millennium Development Goals target	Millennium Development Goals Plus target
Millennium Development Goals indicators	(percentage)				
Proportion of urban households with sustainable access to improved water source	96.3	—	98.2	98.2	—
Proportion of rural households with sustainable access to improved water source	87.0	—	99	88.2	—
Proportion of urban households with access to improved sanitation	99.6	—	99.8	99.5	—
Proportion of rural households with access to improved sanitation	98.6	—	99.6	91.5	—

Source: National Statistical Office, Population and Housing Census, 2000 and 2010; population surveys.

Goal 8: Develop a global partnership for development

22. Development cooperation has been an integral part of Thailand's foreign policy. As a development partner and a former recipient country, Thailand has the advantage of understanding the challenges of development and the unique needs of developing countries. Thailand has therefore emphasized that its cooperation for development through bilateral cooperation and partnership/triangular cooperation should meet the development needs (e.g., agriculture, education and health) of recipient countries. Bilateral cooperation has been carried out in the form of

scholarships, training and development projects. In 2013 the Thailand International Development Cooperation Agency increased the number of scholarships from the previous year to more than 2,000 scholarships — annual as well as specific-areas scholarships — valued at approximately B360 million. The Lao People's Democratic Republic, Cambodia, Myanmar and Viet Nam continued to be the major receiving countries. Thailand is now expanding its cooperation to other regions, including Africa and Latin America. As to partnership/triangular cooperation, Thailand has developed partnerships with many developed countries (e.g., France, Germany, the United States of America, New Zealand and Japan) as well as international organizations, such as the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP), to provide assistance to other developing countries. The major achievements in 2013 were triangular Thai-French cooperation in the treatment and prevention of shrimp "ich" infection in Mozambique, Thai-German cooperation in Nam Xong Subriver Basin Management in the Lao People's Democratic Republic, Thai-United States cooperation in Malaria Prevention and Control in Myanmar-Thailand Border Areas, Thai-UNFPA cooperation in population and reproductive health development in Bhutan and Thai-UNDP cooperation in developing the Universal Health Coverage Schemes for neighbouring and other developing countries.

III. Challenges to achieving the Millennium Development Goals

Providing proper nutrition to Thai children and addressing obesity

23. Thai children have improved in physical growth, with higher average heights and lower ratios of underweight and stunted growth children. However, the number of obese and overweight children has increased considerably. Meanwhile, malnutrition is an ongoing problem, particularly among poor children. The most common deficiencies in Thailand involve iodine and iron, both of which are crucial for brain development. The Child Nutrition and Health Survey of the Association of Southeast Asian Nations showed that 20 per cent of Thai children from 6 months to 12 years of age were overweight, while 60 to 70 per cent did not receive sufficient nutrition and were deficient in iron, calcium and vitamins A, C and D. The results were consistent with the data compiled by the Department of Health, Ministry of Public Health, which showed that in 2012 12.5 per cent of students from 6 to 12 years of age were obese, 17.1 per cent were shorter than standard and 6.6 per cent were underweight. The latter two conditions could have an effect on brain development, causing slow learning and low immunity, while obesity increases risks for chronic diseases. Estimates suggest that by 2015, 1 of 10 obese children risks developing diabetes, high blood pressure and cardiovascular disease.

Raising labour productivity as a major factor to sustainably upgrading the living standards of workers

24. Although labour productivity improved by 5.2 per cent in 2012, the average increase over the 2008-2012 period was only 1.5 per cent, which reflects the persisting limitations to fully raising labour productivity. One such limitation is the significant number of unskilled Thai labourers, with 50 per cent of the labour force having only primary education or lower. In addition, a sizeable number of Thai labour continues to lack income security and social security coverage. Although Government policies to raise income, such as the B300 minimum wage — applied to

employees in the private sector — and the B15,000 salary for graduates with a bachelor's degree — applied to those in the civil service — provide a certain degree of income assurance to specific groups, these policies have yet to fully cover the entire labour force. In 2012 the social security scheme began to allow labour in the informal sector to join the scheme on a voluntary basis, but only 1.3 million workers, or 6.3 per cent of all labour in the informal sector, have entered the scheme so far. It is therefore another challenging issue to make coverage universal in the future.

Raising the quality of Thai education

25. Education is a sector in which Thailand has invested heavily — as much as 20 per cent of its Government budget (Comptroller General's Department, 2013) — and raising the quality of Thai education has been a priority of successive Administrations. Challenges for educational reform include improving student achievements, developing life skills, promoting the ability to apply theories into practice and to acquire new knowledge, improving the quality of teachers and teaching methods, and the expansion of the curriculum to cover ethics, human rights, religion and morality. During 2006-2011, the average Ordinary National Educational Test scores for sixth graders were lower than half of the total scores. Although most Thai children receive primary education, their achievements are still below standard. The dropout rate has continuously declined over the past five years — attributed to the provision of universal compulsory education. Nonetheless, the dropout rate at higher levels of education and the ratio of compulsory education graduates who do not continue in school have increased. Moreover, disparities between large and small schools and across geographical areas are also prominent, both in terms of teacher quality and educational resources.

Net school enrolment rates

(Percentage)

Educational level	2007	2008	2009	2010	2011
Lower secondary	67.92	67.93	68.62	69.88	69.61
Upper secondary (including vocational)	56.51	55.38	57.49	57.58	55.96
Bachelor's degree (including higher vocational)	22.73	23.94	23.95	23.14	21.94

Source: Socioeconomic surveys by the National Statistical Office.

Average scores

(Percentage)

Education level/subject	2008	2009	2010	2011
Grade 6	43.81	36.22	32.16	45.41
Thai	42.02	38.58	31.22	50.04
English	37.77	31.75	20.99	38.37
Mathematics	43.76	35.88	34.85	52.40
Science	51.68	38.67	41.56	40.82

Source: National Institute of Educational Testing Service.

Promoting a positive attitude towards gender equality

26. In Thailand, women's educational opportunities are already equal to those of men. Nonetheless, reservations remain about women's roles in political decision-making and management. This is due partly to women's burden in taking care of the family and male bias in both the public and private sectors. Accordingly, the attitude in favour of gender equality in the national development process should be enhanced. Moreover, education in human rights and youth-related laws should be promoted together with the end of abuse of children, women, the elderly and persons with disabilities. This effort is expected to ultimately reduce abuses in the family, community and society altogether.

Decreasing mortality rates in specific regions

27. Both the infant mortality rate and the under-five mortality rate have continuously been declining. However, the mortality rates remained high in the northern highlands and the three southernmost provinces. This was due mainly to difficulties encountered by the service providers to reach these areas.

Decreasing underage pregnancy

28. The birth control rate in Thailand has been high, resulting in a low birth rate. However, the ratio of underage pregnancy has rapidly increased. The Ministry of Public Health records show that there were 53.8 births per thousand women from 15 to 19 years of age in 2012. This ratio is almost double the rate of 31.1 births recorded in 2000, with repeat pregnancies in 15,440 cases, or 11.9 per cent of total underage pregnancy. This figure is higher than in high-income countries in Asia such as Japan, the Republic of Korea and Singapore.

Lowering HIV prevalence among populations having a high risk for HIV

29. The overall HIV/AIDS prevalence rate in Thailand is declining. However, HIV prevalence among the population at high risk for HIV infection, such as sex workers, men who have sex with men and drug users who inject drugs, has remained high. Proactive services to diagnose HIV infection and treat it as early as possible in these vulnerable groups will be another effective way to reduce the spread of HIV disease.

Ensuring access to quality water and addressing environmental sustainability

30. The safe drinking water in Thailand provided by the Metropolitan Waterworks Authority in Bangkok and the Provincial Waterworks Authorities in other cities undergoes quality control that complies with high standards and meets the national water quality standards. However, there remain challenges regarding the quality of the drinking water sources and the quality of water pipelines. These challenges need to be resolved if Thailand is to provide safe drinking water to 80 per cent of the people living in urban areas and 50 per cent of the people living in rural areas by 2015 — a target Thailand aims to achieve, which establishes the bar higher than the targets on water set by the Millennium Development Goals. Other challenging areas that need to be urgently addressed by all relevant sectors include improving air quality, reducing carbon dioxide emissions, ensuring food/energy security and implementing integrated environmental management.

Addressing the absorptive capacity of partner countries in development cooperation

31. The implementation of international development cooperation, in the overall picture, is as planned. Thailand can better respond to the needs of partner countries. Nevertheless, there are some external factors affecting successful cooperation, such as the absorptive capacity of partner countries in terms of readiness and capacity of personnel, policy, regulation and budget.

IV. Keys to success

32. Thailand's achievement or near achievement of the Millennium Development Goals was the result of commitments and cooperation from all involved parties — those that formulated the fundamental thinking and the policies as well as all the projects which improved people's quality of life. There are three crucial factors for the success of the Millennium Development Goals: (a) the sufficiency economy philosophy, which is a foundation of the National Plans; (b) the Life Cycle Development Strategy, which acts as a guideline for human resources development under the current structural population change; and (c) accessibility to health-care services, particularly by the low-income group, through the Universal Health Coverage Scheme.

33. The sufficiency economy philosophy is a concept of living introduced by His Majesty King Bhumibol Adulyadej in 1975. The philosophy places importance on human resources development and emphasizes a way of life based on self-reliance, subsistence, rationality, immunity to improvidence, awareness and morality, and recognizes diversities in the geo-ecological system, economy, culture and traditions, and participation. The National Economic and Social Development Plan of Thailand has placed the sufficiency economy philosophy at the heart of national development and management from the eighth plan onward. The plans have since aimed at improving the well-being of the Thai people, taking the middle path towards stability, quality and sustainability. They also incorporated a shift in the planning process from "by Government to the people" to "with people's participation" to formulate a development plan that is moderate, rational and immune to risks based on competency, cautiousness, perseverance and morality. To achieve such results, the people and community would have to understand and apply the philosophy to their way of life, learn to live moderately and actively participate in their community. Accordingly, the sufficiency economy philosophy has been incorporated into poverty eradication projects (e.g. land distribution to small farmers based on the new agricultural theory — dividing the piece of land into an area for living, subsistence farming and commercial farming), integrating the philosophy into the One Tambon One Product project by emphasizing local knowledge and the competency of each tambon or subdistrict. Support for the One Tambon One Product project by the Government came in the form of a budget and knowledge-sharing, particularly knowledge about developing product standards, management and marketing. At the same time, educational institutions also helped develop the product, such as the packaging design.

34. The Life Cycle Development Strategy aims to improve the lives of all Thais by emphasizing the development approaches that will be able to fill the policy gap. This gap can involve either development issues or target groups that are not covered by the current interventions. The Life Cycle Development Strategy is basically a

translation into action of the Population Plan during implementation of the eleventh National Economic and Social Development Plan (2012-2016). The development goals and approaches of each stage of life are as follows:

Newborn and early childhood (0-5 years of age)

35. The development goal is for all children to be born as quality individuals, raised with age-appropriate milestones in all aspects and ready for development to their full potential during adulthood. The major development approaches include offering a co-pay health insurance package to mother and child, providing a welfare coupon to poor pregnant women, supporting activities of local early childhood centres and expanding private sector participation in providing social welfare for preschool children in local communities and workplaces.

Students in compulsory education (6-14 years of age)

36. The development goal is for all children to be given adequate nutrition, taught life skills and to be immune to risk behaviours, instilled with culture and given quality education that emphasizes twenty-first-century skills. The major development approaches include encouraging community and local government participation in working with local educational institutions to help improve child learning and development of both intelligence quotient and emotional quotient, assisting children who migrate with their parents or drop out of school to return to school and develop their job skills, promoting good teachers and increasing their teaching effectiveness, upgrading the quality of basic education to include twenty-first-century skills, developing conditional social transfer in education for poor children, and providing houses for poor children who study and behave well (*ban nam jai*, or house of kindness).

Teenagers and students in high school, vocational school and tertiary education (15-21 years of age)

37. The development goal is for all students to receive standardized knowledge and professional skills. They would have morality and ethics, the ability to work with others of different ages and different cultures and the competencies that respond to the country's demand, and are able to generate their own income during the period of their studies. The major development approaches include devising a monitoring and prevention system for adolescent pregnancy together with improving the standard of living of pregnant adolescents, promoting working while studying, supporting the "sending good children back to society" project, developing knowledge and diverse skill sets that reflect twenty-first-century skills, and integrating STEM education (science, technology, engineering and mathematics) into the learning process to increase students' problem-solving skills and innovative creativity to be used in everyday life and work.

Working-age population (15-59 years of age)

38. The development goal is for workers to have sufficient knowledge, constantly improve their skills, have strong saving schemes and to be protected under occupational health, safety and labour legislation according to the principle of decent work. The major development approaches include encouraging the entire labour force to attain basic education, promoting those in the informal sector to join

social security and a saving scheme, encouraging all Thai enterprises to implement occupational health and safety standards, promoting the role of women in the economy according to their potential, and providing support to the industrial and service sectors to create integrated professional qualifications and occupational skill standards.

Elderly (60 years of age and above)

39. The development goal is for the elderly to be provided with skill improvement supports and protected by a standardized quality of health care, and to be able to live with dignity through support from their family and community. The major development approaches include establishing income security for older persons by encouraging retirement savings, expanding coverage of long-term care at the local level, raising awareness of the value of elderly persons, developing an information system for the elderly, encouraging employment of the elderly according to their experience and potential, conducting more research on long-term care insurance, encouraging eldercare at the family and community levels, and improving the efficiency of the referral system.

40. Accessibility to health-care services in Thailand has been critical to Thailand's Millennium Development Goals achievements. Thailand's national health security system, provided through three major programmes, covers services ranging from health promotion and disease prevention to rehabilitation according to the medical indication, with or without minimum charge. At present, 47.24 million of 64 million, or 75.29 per cent, of Thais are covered by the universal coverage scheme, 15.24 per cent are covered by social security and 7.89 per cent are covered by the civil service welfare system. Universal coverage is theoretically a fundamental right under the Thai Constitution, which aims to protect all Thai nationals who are not covered by social security and the civil service welfare system. Its services cover both inpatient and outpatient services, and the right to receive renal replacement therapy, antiretroviral drugs, and treatment for chronic diseases. Universal coverage has made it possible for the poor to have access to health-care services without charge, for children to remain eligible for vaccines, for mothers to have access to prenatal and postnatal care, and for HIV-infected patients to have access to treatment. Annually, the Government allocates a budget through the National Health Security Office of approximately B2,895.09 per person, or a total of B141,430.924 million for such health care. In addition, there are other budget appropriations for particular health-care services, including a service budget for HIV/AIDS infected patients of approximately B2,946.997 million, a service budget for chronic kidney disease patients of approximately B5,178.804 million, a service budget for diabetes and hypertension control and prevention of approximately B801.240 million, a budget for improvement of service to remote and risk areas of approximately B900 million, and a compensation budget of approximately B3,000 million.

Development gaps

41. Although Thailand's national development programmes and interventions in the past have led to the achievement and near achievement of the Millennium Development Goals, there are still development gaps which pose a challenge for the next development agenda. The gaps include (a) quality and inequality of public services; (b) disparities regarding and accessibility to poverty reduction

development; (c) changes in the health situation; (d) environmental quality and disasters; and (e) good governance.

Quality and inequality of public services

42. When considering the quality of schools, it is found that a number of them do not meet the criteria for quality education. In 2010 there were 11,780 schools, or 34.48 per cent of all schools at the primary education level, that failed to pass the assessment.

Number of schools under the Office of the Basic Education Commission that underwent the quality assessment in 2010

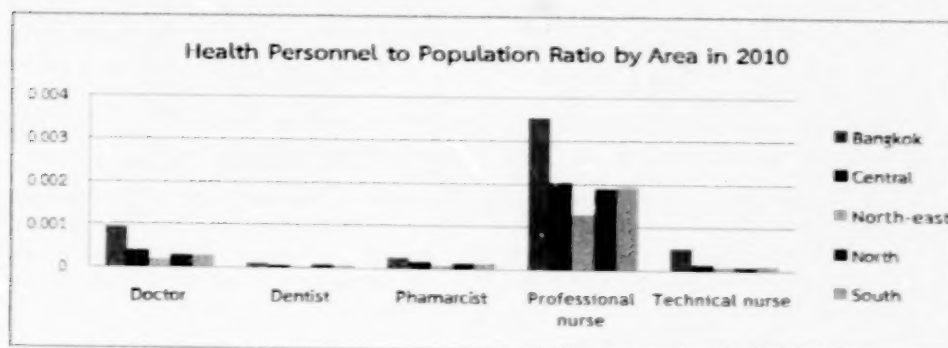
Region	Pass	Fail	All	Proportion of failure (percentage)
North	4 406	2 819	7 225	39.02
South	2 337	1 517	3 854	39.36
East	1 417	644	2 061	31.25
West	1 100	630	1 730	36.42
North-east	9 867	4 374	14 241	30.71
Central	3 254	1 796	5 050	35.56
Total	22 381	11 780	34 161	34.48

Source: Office of the Basic Education Commission (OBEC).

43. Moreover, schools under different departments/organizations are also of differing quality. Students in demonstration schools under the Office of the Higher Education Commission (OHEC) usually have higher test scores than those in schools which belong to other departments/organizations. In the meantime, although there is continuous improvement in the quality of education, particularly in the quality of students, international standards have not been met. According to the Programme for International Student Assessment (PISA) results of Thai students in 2012, reading and science test scores improved significantly while mathematics scores increased slightly. However, none of the scores have met the average scores of countries in the Organization for Economic Cooperation and Development.

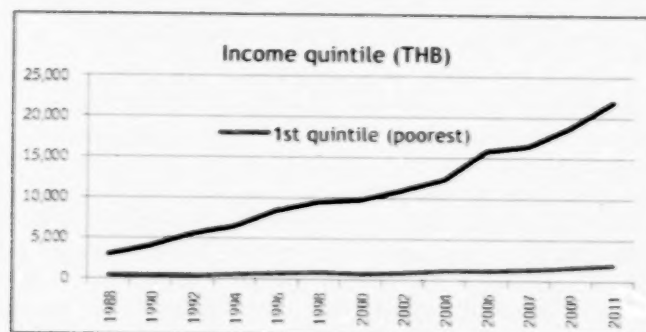


44. In terms of health-care services, the distribution of health-related resources is uneven among regions. A survey of health resources in 2010 found that the difference in the doctor to population ratio between Bangkok and the north-east region was as high as 4.7 times. While the ratio in Bangkok was around 1:1,052, the ratio in the north-east was 1:4,947. As for doctors, the density of other health-related professionals such as nurses, pharmacists and dentists, also differs from region to region. The inequality of distribution of health-related resources has led to the poor quality of health-care services in areas with insufficient resources.



Disparities and accessibility to poverty-reduction development

45. Inequality has been a chronic problem of Thai society and is becoming more severe. From 1988 to 2011, the income gap among groups increased continuously, reflecting a disparity in benefit distribution or a difference in economic value added. People who take most of the benefit are typically the rich and owners of capital, while the working and middle classes usually earn less than half of the national income. This inequality of income benefit distribution makes the poor remain poor while the rich get richer. Moreover, the income inequality has led to inequality in other areas including education, public services and social welfare.



46. Overall, there is full attendance in compulsory education. However, enrolment rates decline as the level of education gets higher. In 2012 net enrolment in primary education was 87.6 per cent, in the lower secondary level the rate was 67.6 per cent, in the upper secondary level the rate was 55.1 per cent and at the undergraduate level, the rate was merely 28.5 per cent. In addition, there is educational inequality among people with different standards of living and among people living in urban

and rural areas, especially at the upper secondary and higher levels. Certainly, those who have access to higher education will have better opportunities and choices of occupation to generate income for themselves and their family than those who do not have the opportunity to attain higher education.

47. Only 41.8 per cent of the poor (below the minimum standard of living or below the poverty line), could access higher education. However, around 58.23 per cent of those living above the poverty line and the rich could access higher education. Regarding education at the undergraduate level (high vocational certificate included), only 5.33 per cent of the poor living below the poverty line can attain this level of education compared to around 24.22 per cent of those living above the poverty line. Undergraduate education is less accessible partly because of the high cost. Moreover, tertiary education institutions are mostly located in Bangkok and major cities, so people living in urban areas will have easier access, both in terms of transportation and cost, than those living in rural areas.

48. Inequality of land ownership in Thailand is also huge, as landholding is concentrated among a small group. Landowners in the top wealth and land ownership quintiles own more land than those in the bottom wealth quintiles (as much as 325.7 times more). Landowners in the fifth quintile (top wealth) own up to 79.9 per cent of all areas, while those in the first quintile (bottom wealth) own only around 0.3 per cent of all areas.

Changes in the health situation

49. According to the Health Statistics Report, the number of patients with a chronic non-communicable disease is increasing. In 2012 there were 1,009,389 hypertension patients, 674,826 diabetes patients, 274,753 patients with ischemic heart disease, 227,848 patients with cerebrovascular disease and 434,166 cancer patients, which represented an increase from 2011 of 9.7 per cent, 8.6 per cent, 3.7 per cent, 7.4 per cent and 6.2 per cent, respectively. Cancer has remained the leading cause of death in Thailand. This is due partly to the changes in people's lifestyles that lead to inappropriate health behaviours, such as unbalanced diet, overconsumption of sugar, salt and fat, insufficient consumption of vegetables and fruits, lack of exercise, harmful smoking and drinking, and more stressful situations.

50. Adolescent pregnancy shows an increased trend and tends to involve younger women, but prevention has remained low. The impacts of adolescent pregnancy are (a) the impact on health in terms of physical immaturity, sexually transmitted infection, abortion and risks to the newborn's health, as well as the mental stress of pregnancy and parenting, (b) the impact on education, as pregnant adolescents usually drop out of school (although they are able to return to school after giving birth, the interruption negatively affects the single adolescent mother's capacity and ability to generate income in the future), and (c) the impact on the economy. Teenage parents will lose their income opportunity, leading to less tax contribution. Likewise, the unplanned baby will place a burden on health-care and other social services.

51. The demographic structure has been changing towards an ageing society, with a decreasing proportion of children and the labour force, and an increasing proportion of elderly persons who are at risk of health problems. Chronic diseases caused by age-related degeneration of the organs include high blood pressure, cardiovascular stroke, diabetes, arthritis and Alzheimer's disease. These illnesses

will worsen the old-age dependency situation and the assistance needed hinges on the level of dependency. However, at present, the welfare provided by Government and other organizations to the elderly is not inclusive: the groups of elderly persons who cannot get access to welfare are mainly those working in the informal sector.

Environmental quality and disasters

52. Thailand's depleted natural resources and environment are a result of changes that are both physical and related to usage. Climate change further exacerbates the situation and the current trend of natural resources depletion continues, especially in the area of water use, with more shortages occurring. The unsustainable consumption patterns and behaviours in both household and manufacturing sectors are depleting resources and increasing waste. The increasing pressure on natural resources is impacting biodiversity in marine ecosystems, coastal ecology, wetlands and forests. Moreover, the coastal plain will be eroded, which in turn will cause damage to coastal communities, agricultural areas and tourist attractions, and can contribute to increased migration. Furthermore, natural disasters will become more common and will be a major obstacle to development. Areas vulnerable to floods, storms and drought will increase and will affect agricultural production, food security, energy, health and the quality of life.

Good governance

53. Continued and determined efforts should be directed to suppressing corruption and misconduct, with the increased participation of civil society and communities. This can be achieved through legislative revisions, public scrutiny and enhanced inspection and performance assessment systems.

54. Participation of the people in the public administration process should be further encouraged, particularly in economic, social and environmental development policymaking and planning at the national and local levels. In addition, the promotion of extensive, fair and prompt access to public and official information should be further pursued.

55. Thailand will need to improve public service delivery and make it more proactive, inclusive and efficient, including by increasing the number of one-stop service and joint service centres, as well as by implementing a comprehensive e-Government system.

Focus areas of the post-2015 development agenda

56. The challenging issues of the Millennium Development Goals mentioned earlier can be translated into seven focus areas of the post-2015 development agenda and its development goals, as follows;

- (a) Quality birth and child development
 - Reproductive health, including family planning, parental preparation, pregnancy, birth, and nutrition (including breastfeeding)
 - Age-appropriate development
- (b) Opportunity, quality of education and access to information

- Opportunity for education beyond the compulsory level and for educational achievement
- Access to the Internet, information and knowledge
- (c) Labour productivity and social protection
 - Employment, labour productivity and decent work/job
 - Accessible social protection, such as social security and social welfare
- (d) Values and preparation for the elderly
 - Income or livelihood security and opportunity to create values for society
 - Age-appropriate social protection and social services, such as long-term care
- (e) Inclusive growth
 - Gender equality, regional equality and equality of specific target groups, such as persons with disabilities, the elderly, children and women
 - Distribution of income and assets
 - Equality of opportunity and quality of social services, particularly health care, education and consumer protection
 - Basic infrastructures and access to services
 - Access to resources to improve quality of life, such as water supply for consumption, agriculture, land, forestry and forest products used for subsistence purposes
- (f) Green growth
 - Environmentally friendly production and consumption
 - Sustainable conservation and use of biodiversity and the ecosystem
 - Clean energy and reduction of pollution
 - Preparation for climate change and disaster risk management
 - Cooperation in the implementation of environmental protection and natural resource conservation activities
- (g) Good governance
 - Transparency and public participation in the development process and in the evaluation of the Government's operation
 - Rule of law/good governance
 - Human rights

V. Summary

57. Thailand has already achieved most of the Millennium Development Goals and is likely to achieve all Millennium Development Goals targets by 2015. Although various factors may be attributed to this success, effective policy and programme

interventions, including the Life Cycle Development Strategy and the Universal Health Care Scheme, have been central to these accomplishments. Moreover, the sufficiency economy philosophy — as an overarching guide to Thailand's people-centred development approach — continues to empower people and communities first and foremost. As the target date to achieve the Millennium Development Goals in 2015 approaches, Thailand is determined to realize its remaining goals while it also looks ahead to continued involvement in forming the post-2015 development agenda.

58. Thailand will continue its contribution to the global development process through its leading role in helping its neighbours as well as other developing countries to strengthen their capacity to fulfil their Millennium Development Goals commitments and redouble future development endeavours. Thailand stands ready to share its knowledge and experience in alleviating poverty and achieving the Millennium Development Goals with other countries through such means as bilateral/trilateral cooperation, South-South cooperation and multilateral frameworks which benefit not only individual countries but also regional and subregional communities and economies.

Annex

Summary of the assessment of Millennium Development Goals targets

Millennium Development Goals and MDGs Plus targets		2014 assessment
Goal 1	Eradicate poverty and hunger	
Target 1.A	Halve, between 1990 and 2015, the proportion of the population living in extreme poverty	Achieved
MDG+	<i>Reduce poverty to less than 4 per cent by 2009</i>	<i>Not achieved</i>
Target 1.B	Achieve full and productive employment and decent work for all, including women and young people	Potentially
Target 1.C	Halve, between 1990 and 2015, the proportion of the population who suffer from hunger	Achieved
Goal 2	Achieve universal primary education	
Target 2.A	Ensure that, by 2015, boys and girls alike will be able to complete a full course of primary schooling	Achieved
MDG+	<i>Universal lower secondary education by 2006</i>	<i>Not achieved</i>
MDG+	<i>Universal upper secondary education by 2015</i>	<i>Unlikely</i>
Goal 3	Promote gender equality and empower women	
Target 3.A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015	Achieved
MDG+	<i>Double the proportion of women in the national Parliament, subdistrict administrative organizations, and executive positions in the civil service during 2002-2006</i>	<i>Not achieved</i>
Goal 4	Reduce child mortality	
Target 4.A	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Not applicable
MDG+	<i>Reduce the infant mortality rate to 15 per thousand live births by 2006</i>	<i>Cannot assess owing to change of data</i>
MDG+	<i>Reduce by half, between 2005 and 2015, the under-five mortality rate in highland areas, selected northern provinces and three southernmost provinces</i>	<i>Unlikely</i>

Goal 5	Improve maternal health	
Target 5.A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Not applicable
MDG+	<i>Reduce the maternal mortality ratio to 18 per 100,000 live births by 2006</i>	<i>Cannot assess owing to change of data</i>
MDG+	<i>Reduce by half, between 2005 and 2015, the maternal mortality ratio in highland areas, selected northern provinces and the three southernmost provinces</i>	<i>Potentially</i>
Target 5.B	Achieve, by 2015, universal access to reproductive health	Likely
Goal 6	Combat HIV/AIDS, malaria and other diseases	
Target 6.A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Achieved
Target 6.B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Likely
MDG+	<i>Reduce HIV prevalence among reproductive adults to 1 per cent by 2006</i>	<i>Cannot assess owing to change of data</i>
Target 6.C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Malaria: achieved Tuberculosis: unlikely Coronary artery diseases: unlikely
MDG+	<i>Reduce malaria incidence in 30 border provinces to less than 1.4 per thousand by 2006</i>	<i>Achieved</i>
Goal 7	Ensure environmental sustainability	
Target 7.A	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Potentially
Target 7.B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Potentially
MDG+	<i>Increase the share of renewable energy to 8 per cent of the commercial final energy by 2011</i>	<i>Likely</i>
MDG+	<i>Increase the share of municipal waste recycled to 30 per cent by 2006</i>	<i>Not achieved</i>

Millennium Development Goals and MDGs Plus targets
2014 assessment

Target 7.C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Achieved
Target 7.D	Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	Likely
Goal 8	Develop a global partnership for development	
Target 8.B	Address the special needs of the least developed countries	Achieved
Target 8.E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Achieved
Target 8.F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Achieved
